

Reimbursement Form for Weight Watchers® through the Commonwealth of Virginia – CommonHealth Wellness Program

This form must be completed to receive your Weight Watchers® reimbursement.

Please complete the applicable section for the Weight Watchers® offering to be reimbursed:

☐ At Work Meeting

Note: Please send your At Work Meeting receipt with this form.

☐ Local Meeting

Note: Please send your yellow voucher confirmation with this form.

This section is to be completed by Weight Watchers® Leader or Receptionist for certification of program:

I certify that _____ has purchased a _____ week series from _____ to _____
Start date End date

at a price of \$ _____ and has achieved the required participation level to receive reimbursement.

Weight Watchers® Leader/Receptionist Signature

Meeting location Number

Date

☐ Online Subscription

Note: Contact Weight Watchers® to receive your Account History and send with this form.

Total amount paid \$ _____ from _____ to _____
Month Month

☐ Monthly Pass

Note: Contact Weight Watchers® to receive your Account History and send with this form.

Total amount paid \$ _____ from _____ to _____
Month Month

☐ At Home Kit

Note: Send your At Home Kit receipt with this form.

Who Can Be Reimbursed

Employees currently eligible for the state health benefits program (COVA Care, COVA HDHP, and Kaiser Permanente plans) may be reimbursed for 50% of the cost of Weight Watchers® programs, so long as they meet the minimum participation requirements of the program. Weight loss is not required to receive reimbursement. This offer is not available to spouses and adult dependents and is valid for employee program costs only. This offer is not available to retirees.

Employees on layoff may continue Weight Watchers® membership in the online, home and local community programs. However, those who were participating in an at-work program must transfer to another option by contacting Weight Watchers® at **1-866-614-9129**. Reimbursement will be honored only for the employee's current Weight Watchers® session if all program requirements are met. For more information, see the FAQs on the Weight Watchers® Web page at www.dhrm.virginia.gov. Those on layoff who choose to cancel Weight Watchers® membership should follow the instructions on the back of their membership booklet in order to receive a rebate from Weight Watchers® for meetings not attended.

Complete the Employee Verification section on page 2.

By providing the information below and submitting this reimbursement form you acknowledge and agree to the following Terms and Conditions: Reimbursement offer is valid in participating areas only. Request form must be fully completed. Keep copies of all material submitted. Anthem BCBS and the Commonwealth are not responsible for lost, late or misdirected mail. **Reimbursement checks are typically processed within 30 days of receipt.** Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice. The information on this form will not be used for any employee specific purpose other than processing the reimbursement.

Employee Verification (please print clearly):

_____ Employee Name		_____ Employee ID
_____ Employee Home Address		
_____ City	_____ State	_____ Zip Code
_____ E-mail Address	_____ Employee Phone	
_____ Employer/Agency	_____ Agency Location – City and State	

Mail completed form with receipt to:

**Commonwealth of Virginia/Weight Watchers Reimbursement
Anthem Blue Cross and Blue Shield
P.O. Box 27401
Mail Drop: VA1003-S143
Richmond, VA 23279**